

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/574,063

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2		1							1				
3													
4		3							1				
5		10							1				
6		0							1				
7		0							1				
8		0							1				
9		0							1				
10		0							1				
11		0							1				
12		0							1				
13		0							1				
14		0							1				
15		0							1				
16		0							1				
17		0							1				
18		0							1				
19		0							1				
20		0							1				
21		0							1				
22		0							1				
23		0							1				
24		0							1				
25		0							1				
26		0							1				
27	1								1				
28													
29		2							1				
30		0							1				
31		0							1				
32		0							1				
33	1								1				
34		1											
35		1											
36		4											
37		0											
38		0											
39		0											
40		0											
41													
42		1											
43													
44		2											
45	1												
46		1											
47		1											
48		1											
49		1											
50		1											
TOTAL IND.		↓		↓		↓		TOTAL IND.	22	↓		↓	
TOTAL DEP.		←		←		←		TOTAL DEP.	36	←		←	
TOTAL CLAIMS								TOTAL CLAIMS	38				